|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME:** ----------------------------------------------------------------------الاسم:  **MR #:** ----------------------------------------------------------رقم الملف الطبي:.  **National ID#:** -------------------------------------------رقم الهوية/ الإقامة:.  **SEX:** ---------------**/** الجنس:. **D.O.B:** ---------------------------تاريخ الميلاد:  **NATIONALITY:** ------------------------------------------------------الجنسية:.  **Clinic:** -----------------**/** العيادة:. **Doctor:** --------------------------الطبيب:. | | A picture containing text  Description automatically generatedA picture containing text  Description automatically generated  المركز الطبي الجامعي | | |
| **OCCURRENCE / VARIANCE REPORT**  **(لا يستخدم هذا النموذج للأغراض الجزائية)**  **(Not for Retributive Purposes)** | | | | |
| **Date of Incident:** ---------------------------------- **Time of Incident:** ---------------------- **Incident Location:** -------------------------------------------  **Date of Report:** ------------------------------------ **Time of Report:** ----------------------- **Reporting Area:** ---------------------------------------------- | | | | |
| **SENTINEL EVENT: □ YES □ NO**  **If yes please specify:** ------------------------------------------------------------- | | | **Involved Person: □ Patient □ Staff**  **□ Other:** ---------------------------------------------------------------------------- | |
| **Clinical Practice / Procedure** | **Medication** | | **Communication / Documentation** | **Degree OF HARM** |
| **□ Consent**  **□ Patient Privacy**  **□ Reporting of test result**  **□ Medical notes unavailable**  **□ Policy not available**  **□ Refused of cannulation**  **□ I.V. not given**  **□ I.V. infiltration**  **□ Wrong solution type**  **□ Procedure/s not followed**  **□ Others** --------------------------- | ---------------------------------------  **□ Medication prescribing error**  **□ Medication dispensing error**  **□ Medication administration error**  **□ Medication Storage error**  **□ Adverse drug reaction**  **□ Others**  --------------------------------------- | | **□ Patient Identification**  **□ Missing files**  **□ Order error**  **□ Documentation**  **□ Medical records unavailable**  **□ Policy not available**  **□ Confidentiality**  **□ Delay in responding**  **□ Others**  --------------------------------------- | **□ No Harm**  **□ Minor Injury**  **□ Severe Injury**  **□ Permanent loss of function or disability**  **□ Death** |
| **Infection Control** | **Patient Fall** | | **Laboratory Specimen** | |
| **□ Needle stick**  **□ Sharps injury**  **□ Isolation precaution compliance**  **□ Used instrument storage/collection**  **□ Others** -------------------------- | **□ Out of bed □ Off chair**  **□ Off scale or equipment**  **□ Found on the floor**  **□ Unknown □ Others** | | **□ Technical error**  **□ Transcription error**  **□ Phlebotomy complications**  **□ Time delay in processing**  **□ Result reporting problem**  **□ Infection**  **□ Others**  --------------------------------------- | **□ Improper labeling**  **□ Unlabeled specimen container**  **□ Improper specimen**  **□ No requisition**  **□ Incomplete orders**  **□ Missed specimen**  **□ Sample mix-up**  **□ Patient injured (hematoma, etc.)** |
| **Environmental Safety** | |
| **□ Hazardous material**  **□ Security □ Safety □ Fire**  **□ Medical equipment**  **□ utility □ others** ------------ | |
| **Other Types of Event:** | | | | |
| ---------------------------------------------------------------------------------------------------------------------------------------------------------------------- | | | | |
| **Brief description of the incident:** | | | | |
| ----------------------------------------------------------------------------------------------------------------------------------------------------------------------  ----------------------------------------------------------------------------------------------------------------------------------------------------------------------  **Person's current condition:** ------------------------------------------------------------------------------------------------------------------------------------ | | | | |
| **Supervisor Informed?**  **(not required unless immediate action is required) □ Yes □ No Physician informed? □ Yes □ No** | | | | |
| **Immediate Corrective Action:** ---------------------------------------------------------------------------------------------------------------------------------  ----------------------------------------------------------------------------------------------------------------------------------------------------------------------  ---------------------------------------------------------------------------------------------------------------------------------------------------------------------- | | | | |
| **Reported by: Name:** -------------------------------------------------------------------- **Clinic/Place:** -------------------------------------------------------  **Mobile/Ext. no.:** ------------------------------------------------------------------------ | | | | |